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\*\* CONTINUING DATA \*\*\*\*\*

p - none

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

p - none

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY MO	SHEETS DRAWING 9	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 3
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## TITLE

System and method for identifying, reporting, and evaluating presence of substance

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